

P 19000085795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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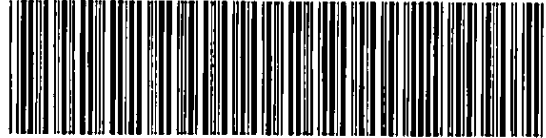
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT 16 PM 2:56

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COVER LETTER

13 OCT 16 PM 2:56

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Weeze Consulting Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Craig Wiesner

Name (Printed or typed)

1530 P B LN W4060

Address

Wichita Falls, TX 76302

City, State & Zip

(540) 809-8301

Daytime Telephone number

cweeze@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Weeze Consulting Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

709 Cape Coral Pkwy W

Cape Coral, FL. 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig G. Wiesner, President

Name and Title:

Address 1530 P B LN Num W4060

Address:

Wichita Falls, TX 76302

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Ronald St. Clair, CPA
Address: 615 Cape Coral Pkwy W., Suite 106
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Craig Wiesner
Address: 530 P B LN W4060
Wichita Falls, TX 76302

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ronald St. Clair, CPA
Required Signature/Registered Agent

10-9-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Craig H. Wiesner
Required Signature/Incorporator

10-11-19
Date

October 9, 2019

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Department of State
Division of Corporations

Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

Reference: Weeze Consulting Inc.
Florida Document Number: P13000063258

Dear Department:

It has come to our attention that our corporation Weeze Consulting Inc. was dissolved administratively.

At this time I would like to release our document number P13000063258 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.



Sincerely,

Craig G. Wiesner, President